

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-046265

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

317

Primary Registration District No.

500

Registrar's No.

3612

STATE FILE NUMBER

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED DEC 16 1963

1. PLACE OF DEATH

a. COUNTY

ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

MANCHESTER, MO

Length of stay in 1b

33 YRS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

318 Woods Hill Rd

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

ST. LOUIS

c. CITY

OR TOWN
MANCHESTER

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)
318 Woods Hill RdReside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First
CHRISTINE

Middle

Last
BERGER

4. DATE OF DEATH

Month
NovDay
24Year
1963

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7/22/1933

9. AGE (last birthday)

80

10. IF UNDER 1 YEAR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

OWN HOME

11. BIRTHPLACE (City and state or country)

GERMANY

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

PAUL LANGENBECK

13b. MOTHER'S MAIDEN NAME

MARIE WEIR

13c. NAME OF HUSBAND OR WIFE

ROBERT H. BERGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

ROBERT H. BERGER, 318 Woods Hill Rd

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pulmonary edema acute

INTERVAL BETWEEN ONSET AND DEATH

3 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cardiac decompensation

DUE TO (c)

Aortic dissection

General

14 hrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Death occurred at

11/24/63 to 11/24/63

and last saw her alive on 11/24/63 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

1111 Lusk St. St. Louis, Mo.

22c. DATE SIGNED

11/24/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

11/27/63

23c. NAME OF CEMETERY OR CREMATORY

Hiram Cemetery

23d. LOCATION (City, town, or county)

CREVE COEUR, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Gschader Funeral Home

Ballwin, Mo.

25. DATE RECD. BY LOCAL REG.

11-26-63

26. REGISTRAR'S SIGNATURE

John B. Murphy, Md.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

RECEIVED DEC 1 1968

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer _____

Signed Richard Bopp

Licensed Embalmer No. 4584

P. O. Address Ballwin, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.